a colleague, a Labour Minister expounded this view in greater detail. He wrote:

> The introduction of a meaningful differential tax on cigarettes would be bound to have a seriously detrimental effect on the total revenue obtainable from tobacco. The object of such a tax would be to reduce cigarette smoking, and pipes and cigars would not be acceptable alternatives for many cigarette smokers. Furthermore, apart from those who gave up smoking altogether, cigarette smokers who switched to cigars would consume less tobacco in proportion to their expenditure and those who switched to pipe tobacco would consume less tobacco in proportion to the time spent in smoking. Thus the capacity of the tobacco duty to produce revenue would be eroded.

With neither of these statements was there any mention of the human suffering associated with this source of revenue or of the economic loss due to illness and shortening of life which cigarette smoking causes [3] (Appendix A).

1. 21 It is hoped that this second Report of the Royal College of Physicians, by its renewed presentation of the evidence of the dangers of cigarette smoking, will at last arouse the public conscience and persuade the Government to take effective preventive measures against a deadly habit.

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Conclusion

2. 15 Cigarette smoking shortens the smoker's average life span. Stopping smoking is followed by a gradual return to the non-smoker's prospect of life. Cigarette smoking also causes increased sickness and consequent loss of work. Those who smoke cigarettes have a greatly reduced chance of surviving to retirement and a greater likelihood that, if they do survive, they may be too disabled to enjoy it. Many people look forward to some years of retirement which they will be well enough to enjoy. There is good evidence that the sooner cigarette smokers abandon the habit the better their chances are of fulfilling this hope.

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cigarette smoke: it is diluted by air on inhalation, and an estimate of the average concentration in smoke inhaled into the lung is about 400 parts per million. Since its affinity for haemoglobin, which carries oxygen in the blood, is much greater than that of oxygen, this results in the loss of up to 10 per cent of the capacity of the blood of smokers to transport oxygen [23]. Heart muscle has a great demand for oxygen, and if coronary artery disease has interfered with its blood supply it could be additionally handicapped by carbon monoxide. It is also possible that in such cases the heart function is impaired not only by reduction of the oxygen carried to it but also by impairment of the efficiency with which it uses the oxygen it receives, which could result from the action of cyanates (derived from hydrogen cyanide in tobacco smoke) on its metabolism. All these effects could endanger life after coronary thrombosis. Cigarette smokers have more carbon monoxide in their blood than pipe and cigar smokers [50]. Exposure to carbon monoxide has been shown to increase atheroma formation in experimental animals and a similar effect in man may be one of the reasons for the increased risk that smokers have of developing diseases of the heart and blood vessels [5, 32] (Chapter 6).

3. 24 This impairment of the efficiency of oxygen transport and use is unimportant in healthy young adults in their ordinary activities but could be one factor in limiting the athletic performance of smokers (para 7. 26). It may also interfere with the growth of the unborn child (para 7. 2).

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Conclusion

4. 29 The quantitative association between cigarette smoking and the development of lung cancer is most simply explained on a causal basis and no other explanation accounts for the facts. The suffering, shortening of life and unhappiness from this disease to tens of thousands of people and their families every year in this country, and to hundreds of thousands of people in other countries, can be prevented only by abstention from smoking cigarettes. Some reduction of the present toll of life would probably result if those who must continue to smoke were to adopt the less hazardous habits referred to in para 9. 47.

4. 30 If in England and Wales there is no change in the numbers or kind of cigarettes smoked, it has been forecast from present trends that male deaths from lung cancer will level off in the 1980s at some 35,000 to 40,000 per annum [71]. At that time the female deaths will probably have reached about 10,000 to 15,000 per annum, so that the total loss of life from lung cancer will be between 45,000 and 55,000 every year. While most of this increase will occur in older people at least one third of these deaths will be in people under the age of 65.

4. 31 If, on the other hand, cigarette smoking were to cease in this country the death rate from lung cancer would soon begin to fall and eventually, within some twenty years, would sink to one-fifth or, among men, to one-tenth of its present level. The total number of deaths in both sexes would then be less than 5,000 each year. This is a formidable contrast between two realistic forecasts.

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period than were those with normal function, whether or not they had cough and phlegm [19]. This implies that general practitioners or industrial medical officers, using simple tests of lung function might detect apparently healthy but susceptible subjects who, if they were to abstain from cigarettes, should not develop grave respiratory disease.

Conclusion

5. 17 Cigarette smoking is today a most important predisposing cause of chronic bronchitis and the emphysema that so often accompanies it, although other factors increase the liability of cigarette smokers to develop these diseases. If modern cigarettes were no longer smoked there would ultimately be a great economic saving to industry from reduced sickness absence and to the exchequer from costly treatment. The distressing disablement of thousands of men and women which precedes death from these diseases would also be much less.

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therapy, aversion therapy [35], and other forms of behaviour therapy have been employed, but the number of cases and the inadequacy of controls seldom permits any judgement of their value [39]. There is great need for further investigation into the most effective ways of helping dependent smokers.

Social Environment

8. 22 Over half of those who have ever given up say they began again because of the influence of family or friends who were still smoking [31]. The almost universal attitude that the habit is an innocuous and acceptable part of normal living must be altered if it is to be easier for smokers who stop to maintain their resolve. The desired change could be a natural consequence of increasing numbers of people who have succeeded in stopping and could be helped by greater restrictions in public transport and places of entertainment. It would also be helpful if, for instance, speakers on television programmes did not smoke during their appearances and if non-smoking households did not keep cigarettes to offer to their visitors. The more smokers who abandon the habit the greater will be their influence on those who continue. It is likely that once a noticeable trend from cigarette smoking has begun it will be self-propagating, for this appears to be happening in the USA [10*a*].

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ferential taxation of tobacco products should be imposed to discourage more hazardous forms of smoking (paras 9. 48 to 9. 50).

13. An official enquiry should be made into the economic consequences of present smoking habits and of the results of a general reduction in cigarette smoking (para 9. 51).
14. A standing Government Committee to co-ordinate smoking control measures should be established.
15. Prevention of diseases caused by smoking can be achieved only if the attack is effectively organised on many fronts. These recommendations have as their goal the preservation of the lives and health of thousands of smokers who would otherwise continue year after year to become ill and to die before their time (paras 9. 52 to 9. 54).

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